

- ☐ Completed application form
- ☐ Program proposal
- ☐ Copy of college transcript(s)
- ☐ 2 Letters of Recommendation
- ☐ 2 passport-size photographs
- ☐ Copy of passport identification page
- ☐ Signed Conditions of Training
- ☐ Signed approval of home institution

Attach photo here

☐ Male ☐ Female

☐ Single ☐ Married

Attach photo here

Home Telephone No.	Work Telephone No.	Fax No.
Home Mailing Address		Email Address
Date of Birth (mm/dd/yy)	City and Country of Birth	Present Nationality(ies)
Emergency Contact Person		
Name/ Relationship to Applicant	Street Address, Telephone/Fax Nos., Email Address	
Dependents Accompanying Fellow (Name, Relationship to Fellow)		

2. LANGUAGES

[illegible]

3. EMPLOYMENT List below every employment over the last five years. If you need additional space, attach a separate sheet with your name on it.

Present/Last Position	
Name, Address and Telephone No. of Organization	Name and Title of Supervisor
Position Title	Telephone/Fax Nos. and Email of Supervisor
Dates of Employment (Month/Year) From: To:	Discipline
Country(ies) Worked In	Nature of Organization
Reason for Leaving	
Duties: describe concisely work undertaken, including accomplishments, responsibilities and teaching duties, if any	

Previous Positions	
Name, Address and Telephone No. of Organization	Name and Title of Supervisor
Position Title	Telephone/Fax Nos. and Email of Supervisor
Dates of Employment (Month/Year) From: To:	Discipline
Country(ies) Worked In	Nature of Organization
Reason for Leaving	

Duties: describe concisely work undertaken, including accomplishments, responsibilities and teaching duties, if any

Name, Address and Telephone No. of Organization	Name and Title of Supervisor
Position Title	Telephone/Fax Nos. and Email of Supervisor
Dates of Employment (Month/Year) From: To:	Discipline
Country(ies) Worked In	Nature of Organization
Reason for Leaving	

Duties: describe concisely work undertaken, including accomplishments, responsibilities and teaching duties, if any

4 EDUCATION

Institution Name, City and Country	From	To	Degree/Diploma	Date Completed	Field(s) of Study
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University or equivalent

Technical training, apprenticeship

5. REFERENCES List the two references that are providing letters of recommendation for you.

<u>Name</u>	<u>Address</u>	<u>Telephone/Fax Nos, Email</u>	<u>Business or Occupation</u>
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6. PROFESSIONAL CONTACTS List professional contacts in the U.S. or international scientific community that might serve as the host institution for your Borlaug fellowship, if selected.

<u>Name</u>	<u>Address</u>	<u>Telephone/Fax Nos, Email</u>	<u>Business or Occupation</u>
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7. HONORS, ACTIVITIES, PUBLICATIONS. List honors and awards, publications, professional societies, and activities in civic affairs.

8. CERTIFICATION

I certify that the statement made by me are true to the best of my knowledge and belief and that willful misstatement may lead to disqualification or revoking of the fellowship.

Signature _____

Date _____

PROGRAM PROPOSAL Provide a one page essay on your scientific background and research interests, what you hope to gain from this program, and how your experience will contribute to agricultural research and development in your country as well as global food security and trade.

Approval of Home Institution:

The candidate is a staff member of this institution and under my supervision. I agree to his/her application to the Norman Borlaug International Science and Technology Fellows Program and understand that, if selected, the candidate must be available to spend up to six weeks in the United States or another designated country within the next year, and will participate in a one-week workshop roughly 6-9 months following the completion of the training.

Signature of authorized institutional representative

Date

Print Name and Title

Institution

Letter of Recommendation

Aptitude for scientific research

Leadership skills

Likelihood the application will bring back new ideas and implement change at institution

BORLAUG FELLOWS PROGRAM CONDITIONS OF TRAINING

Name of Participant _____
(FAMILY NAME, Given name, Other names)

Country _____

If I am accepted to receive technical training under the U.S. Department of Agriculture (USDA) Borlaug S&T Fellows Program, I agree to adhere to my arranged program, to devote my time and attention to my studies and/or practical training, and to conform to Borlaug Program regulations and procedures for the duration of my training program. I will not seek extension of the period of my program but will return to my country without delay upon completion of my training acquired under this program. I also agree to conform with all laws of the United States.

Furthermore, I thoroughly understand the following policies of the Borlaug Fellowship Program:

I. Dependents:

USDA strongly discourages family members from accompanying or joining a participant while he/she is in training. The Borlaug Program is not responsible in any way for family members.

II. Attendance of Participants at Conferences and Meetings

Attendance of participants at national or international conferences, conventions or meetings of professional, trade, or other associations is not permitted unless such attendance is a part of the Borlaug training program.

III. Conditions for Termination of Training Programs:

USDA reserves the right to terminate the training program of those participants who:

- A. Change the course of study without authorization from the USDA/Borlaug S&T Fellows Program.
- B. Fail to show sufficient interest in or to pursue effectively their training program.
- C. Have severe mental or physical health problems.
- D. Conduct themselves in a manner prejudicial to the program or to the laws of the United States.
- E. Marry during training without securing prior US Government approval.
- F. Have in any way falsified information on the application and/or supporting documents.

I V. Financial Support:

The applicant is aware that the financial support provided by the USDA Borlaug Program is for international and domestic travel, training fees, emergency medical insurance, lodging and food only. The lodging and food allowance is adequate for modest lodging and food. USDA does not fund any expenses related to family members accompanying the participant.

VI. Health and Insurance:

It is a requirement before arrival in the United States that every participant have a physical examination and be determined to be in excellent health. The insurance provided to the participant while in the United States will cover only **EMERGENCY** medical care and **DOES NOT** cover pre-existing conditions, prescriptions, dental or optical work. In addition, the participant must pay the first \$100.00 in medical expenses for each occurrence.

VII. Debts and Obligations:

The participant will be responsible for all debts and financial obligations incurred while in the United States.

Signature below indicates agreement to and understanding of the above conditions.

Applicant's Signature

Date